FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

(7)

OK INTERNATIONAL CORPORATION

FILED Mar 12 1998 8:00am Secretary of State

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		and the second s					
Principal Place	e of Business	Mailing Address					
		C/O GARAY. OSCAR	C/O GARAY. OSCAR 8739 N.W. 18TH CT. CORAL SPRINGS FL 33071-6146		İ		
8739 NW 18TH CT CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE		
US	11700 12 40011	US	71 0140		3. Date Incorporated or Qualified		
					06/21/1989		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0126511		Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27					Required
City & State		k en	City & State		6. Election Campaign Financing		O May Be d to Fees
23 Zip	Country	28]			Trust Fund Contribution 8. This corporation owes or has p		
24	25	h	30		Personal Property Tax due June		□ No
241	g. Name and Address of Curre		, ,		10. Name and Address of New R		
a	ARAY, OSCAR		81 N	ame			
1	739 NW 18TH CT.		82 S	root Addr	ess (P.O. Box Number is Not Accepta	able)	
	ORAL SPRINGS FL 33071			ileel Addir	ess (1.0. dox Normber is Not Accepte	lolo)	
,			83			-	
			84 C	ity		FL 85 Zi	p Code
11 Pursuant	to the provisions of Sections 607 (F	02 and 607 1508. Florida Statutes	s the above-na	med corn	oration submits this statement for the	purpose of changing	its registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was au	uthorized by the	corporati	ion's board of directors. I hereby acce	opt the appointment a	as registered
1	m tamiliar Min, and accept the com	gations or, section 607.0505, Flor	icia statutes.			3/9/98	,
SIGNATURE Standard typed for penters name of reportered agent and the if applicable (NCITE Registered Agent signature required when reinstating) DATE							····
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	e L) Addition
NAME	GARAY, OSCAR		1.2 NAME				
STREET ADDRESS	8739 NW 18TH CT		1.3 STREET ADD	ress			li
CITY - ST - ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZI	P		Chana	a [] Addison
TITLE		☐ DELETE	2.1 TITLE			☐ Change	e 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADD				
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-Z 31 TITLE	(P		☐ Change	e Addition
TITLE NAME		bettie	3.2 NAME			Las onong	
STREET ADDRESS			3.2 NAME 3.3 STREET ADD	BESS			
CITY-ST-ZIP			3.4. CITY-ST-Z				
TITLE		DELETE	4.1 TITLE			Change	e Addition
NAME			4 2 NAME			-	
STREET ADDRESS			4.3 STREET ADD	RESS			1
CITY-ST-2IP			4.4 CITY-ST-2)				
TITLE		DELETE.	5.1 TITLE			☐ Change	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CHTY-ST-ZIP		,	5.4 CITY - \$1 - ZI	Р			
TITLE		DELETE	6.1 TITLE			☐ Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	ress			
CITY-ST-ZIP			6.4 CITY - ST - ZI	Р			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

OSCAR GARAY

954/344-6152